

Prehospital Care Report Summary

FDNY

Date: 07/01/2013 Call #: 0807 Incident #: 0807 Booklet: 80114061 Branch: STA46 Time Zone: America/New_York

Call Information:

Disposition: Treated/Transported
 Unit #: 46B2 - 46B Tour 2: 0700-1500, Ground-Ambulance Trip Type: N/A
 Run Type to Scene: Emergency
 Incident Facility:
 Incident Location: 92ST/ NORTHERN BLVD PCT 115 - JACKSON HEIGHTS, NY (Queens County)
 Incident Type: Scene of Accident or Acute Event - Jail
 Receiving Facility: 32 - Elmhurst Hosp. Center (Hospital) - 79-01 Broadway - Elmhurst, NY 11373
 Facility Address: 79-01 BROADWAY #Q - ELMHURST, NY 11373
 Destination Type: N/A
 Dest. Reason: Nearest Facility
 Registration #: N/A

Patients Transported

In My Unit: 1
 # Patients at Scene: 1

Call Received: N/A
 Dispatched: 07:27:00
 En Route: 07:27:00
 On Scene: 07:32:00
 Patient Contact: 07:37:02
 Left Scene: 08:05:00
 At Destination: 08:16:00
 Transfer of Care: N/A
 In Service: N/A

Loaded Mileage: 1.0 (Total Mileage: 1.0)
 Crew Members: Sandra Butler, EMT Basic(DS)(DH); Dionner Espiritu, EMT Basic(DOC)

Time On Scene: 33 Min
 Time to Destination: 49 Min
 Total Time of Run: N/A Min

Moved to Amb By: Walked with Assist Transport Position: Sitting From Amb By:

Call Origin: 911 Lights/Siren: Scene-Not used / Destination-Not used

Patient Information:

Name: GONZALO CORTES
 Address: [REDACTED]
 Phone: [REDACTED]
 Email:
 SSN: [REDACTED]
 Driver License: [REDACTED]

DOB: [REDACTED]
 Gender: Male
 Age: 44 Years
 Weight: 185.0 lbs, Broselow:

Other Contact Info

Name: Phone: Cell Phone:

Relationship:

Current Meds: None
 Env Allergies: NKA
 Med Allergies: NKDA
 Patient Physician:
 Advanced Directives:
 PMH:
 Comment:

Comments:
 Comments:
 Comments:

Payer Information:

Priority: Primary Name: UHC (United Healthcare)
 Policy Holder: Apt
 Relationship of Patient to Insured:

Type: Private Insurance Policy #: [REDACTED] Group #: [REDACTED]
 Phone: DOB:

Clinical:**Medical Need:**

Onset Date/Time: 07/01/13 04:00:00
 Dispatch Reason (EMD): SICK SICK - Sick

Chief Complaint: my shoulder hurts
 Provider Impression: No Medical Problem
 Mechanism of Injury: Fight/Brawl
 Protocol 1:

Protocol 2:

**FIRE DEPARTMENT - CITY OF NEW YORK**

I hereby certify pursuant to CPLR 2306 and 2307 that this document is a true and accurate copy of a Fire Department record kept in the regular course of Fire Department business.

Signature: [Signature] Date: 8/27/15

Print Name: [Signature] Unit: CPHS

Assessments:

Time	Employee	Type	Summary
	ABC		Airway: Patent

Breathing: Normal Quality: Unlabored Lung Sounds: Left: Clear Lung Sounds:

Right: Clear

Skin Color: Normal Skin Temperature: Normal Skin Condition: Normal

Injury**Injury - Shoulder****Location Modifier:** Right **Injury:** Dislocation **Injury Modifier:** Deformity**Head To Toe****Head and Neck:****Left Eye:** Reactive**Right Eye:** Reactive**Neurological****AVPU:** Alert**Vitals:**

Time	Employee	Summary
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07:42:00	Espiritu, Dionner	BP: 150/ 100 Pulse: 98 Resp: 18 Pain: 8
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08:07:00	Espiritu, Dionner	BP: 146/ 98 Pulse: 96 Resp: 16 Pain: 7
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Treatments/Medications:

Time	Employee	Summary
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07:38:00	Espiritu, Dionner	Treatment- 1 - BLS Assessment Attempts: N/A Success: Yes Level: BLS
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07:40:00	Espiritu, Dionner	Treatment- Sling/Swathe Attempts: N/A Success: Yes Level: BLS
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Supply**Qty Supply****FlexFields:****FlexField****Value**07:38 1 - BLS Assessment - Medication
Complication

Not Applicable

07:40 Sling/Swathe - Medication Complication

Not Applicable

Narrative History Text:

FOUND 44 Y/O MALE SITTING IN JAIL, WAITING FOR EMS. PT STS THAT PD TOOK HIM DOWN WHEN HE WENT TO THE BATHROOM. PT C/O RT SHOULDER PAIN. DENIES HEAD/NECK/BACK PAIN. PT DENIES LOC, DENIES SOB, DENIES NAUSEA/ VOMITING. PT AOX3, AIRWAY PATENT, LUNG SOUND CLR = BILAT, ADQ CHEST RISE/FALL, CTC NORMAL, ABD SOFT - TENDER X 4 QUADS, HIP/PELVIS INTACT, +PULSE/MOTOR/SENSORY X 4 EXTS. PT TX W/ SLING/SWATHE. PT SAID I WANT IT LOOSE B/C HE IS NOT COMFORTABLE, AND REFUSE TO BE STABILIZE. PT TXP TO H32 W/ PD PCT 115 W/O INCIDENT.

Auth Signature: Yes Privacy Sig: No Unable to Sign: No Refused to Sign: No

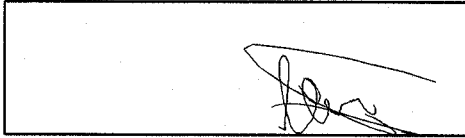
Signature Image(s):

Authorization Signature - GONZELO CORTES - 07/01/2013 07:54
 PATIENT INFORMATION DISCLOSURE AND ASSIGNMENT OF CLAIM: I
 acknowledge that I have been given the Notice of Privacy Practices and Patient
 Information Release/Assignment of Claim, set forth on the Patient Copy of this
 Prehospital Care Report and have read or been informed of their contents, including
 the purposes for which my protected health care information will be shared, and my
 responsibility for any charges for services not covered by my insurance or found to be

Privacy Notice Signature

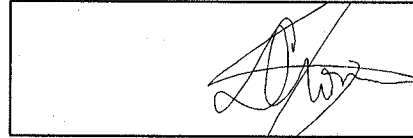


medically unnecessary. I hereby authorize, for myself or my dependent(s), the release of medical and other information for the purposes specified, including treatment and billing. I further authorize and assign payment of Medicare and any other authorized benefits to the NYC Fire Department.



Receiving RN / MD Signature - ofori - 07/01/2013 08:24

Technician Signature - Espiritu, Dionner - 07/01/2013 08:31



I Refuse Treatment/Transportation Signature - GONZELO CORTES - 07/01/2013 07:55

RELEASE/REFUSAL OF MEDICAL ASSISTANCE (RMA): I have been advised and I understand that I require medical assistance, and will be transported to a hospital of my choice, and that my refusal to accept such medical assistance may imperil my health or result in death, but I nonetheless refuse to accept the medical assistance. I agree to assume all risks, consequences and costs of my decision not to accept such care, and I release the provider of ambulance service, and its employees, agents and independent contractors, from any liability arising from my decision.



Witness Signature for Refusal - pd 9407 pct 115 - 07/01/2013 07:56

